

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Corporation Service Company 251 LITTLE FALLS DRIVE Wilmington, DE 19808 USA

FILING NUMBER: 21-0058069829

FILING DATE: 12/30/2021 12:26 PM

DOCUMENT NUMBER: 1106841360001

FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>LINDERIAN COMPANY LTD</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
OR				
1b. INDIVIDUAL'S SURNAME				
1c. MAILING ADDRESS <b>301 HOLLYBROOK DR</b>	CITY <b>LONGVIEW</b>	STATE <b>TX</b>	POSTAL CODE <b>75605</b>	COUNTRY <b>USA</b>
2. DEBTOR'S NAME - Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here <input type="checkbox"/> and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)				
2a. ORGANIZATION'S NAME <b>SUMMER MEADOWS</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
OR				
2b. INDIVIDUAL'S SURNAME				
2c. MAILING ADDRESS <b>301 HOLLYBROOK DR</b>	CITY <b>LONGVIEW</b>	STATE <b>TX</b>	POSTAL CODE <b>75605</b>	COUNTRY <b>USA</b>
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only <u>one</u> Secured Party name (3a or 3b)				
3a. ORGANIZATION'S NAME <b>CORPORATION SERVICE COMPANY, AS REPRESENTATIVE</b>	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
OR				
3b. INDIVIDUAL'S SURNAME				
3c. MAILING ADDRESS <b>P.O. BOX 2576,</b> <b>UCCSPREP@CSCINFO.COM</b>	CITY <b>SPRINGFIELD</b>	STATE <b>IL</b>	POSTAL CODE <b>62708</b>	COUNTRY <b>USA</b>

## 4. COLLATERAL: This financing statement covers the following collateral:

All accounts, including without limitation, all deposit accounts, accounts-receivable, and other receivables, chattel paper, documents, equipment, general intangibles, instruments, and inventory, as those terms are defined by Article 9 of the Uniform Commercial Code (the "UCC"), now or hereafter owned or acquired by Seller; and all Seller's proceeds, as such term is defined by Article 9 of the UCC. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCER IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

## 8. OPTIONAL FILER REFERENCE DATA:

Optional Filer Reference [224285616]

**UCC FINANCING STATEMENT ADDENDUM****FOLLOW INSTRUCTIONS**

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

OR  
9a. ORGANIZATION'S NAME  
**LINDERIAN COMPANY LTD**

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

**THE LINDERIAN COMPANY LTD**

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

**301 HOLLYBROOK DR**

CITY

**LONGVIEW**

STATE

**TX**

POSTAL CODE

**75605**

COUNTRY

**USA**

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR  
11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

16. Description of real estate:

17. MISCELLANEOUS:

**FILING OFFICE COPY**

## FOLLOW INSTRUCTIONS

## A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

Lien Solutions

## B. E-MAIL CONTACT AT FILER (optional)

## C. SEND ACKNOWLEDGMENT TO: (Name and Address)

\*\*CT Lien Solutions  
 2929 Allen Parkway, Ste. 3300  
 Houston, TX 77019  
 USA

FILING NUMBER: 21-0022156837

FILING DATE: 05/28/2021 02:06 PM

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FILED: Texas Secretary of State

IMAGE GENERATED ELECTRONICALLY FOR XML FILING

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## 1a. ORGANIZATION'S NAME

**THE LINDERIAN COMPANY, LTD.**

OR

## 1b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 1c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

**301 HOLLYBROOK DR****LONGVIEW****TX****75605****USA**

2. DEBTOR'S NAME - Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

## 2a. ORGANIZATION'S NAME

**SUMMER MEADOWS**

OR

## 2b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 2c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

**301 HOLLYBROOK DR****LONGVIEW****TX****75605****USA**3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3a or 3b)

## 3a. ORGANIZATION'S NAME

**C T Corporation System, as representative**

OR

## 3b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 3c. MAILING ADDRESS

## CITY

## STATE

## POSTAL CODE

## COUNTRY

**330 N Brand Blvd, Suite 700; Attn:****Glendale****CA****91203****USA**

## 4. COLLATERAL: This financing statement covers the following collateral:

All assets now or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables b. chattel paper c. inventory d. equipment e. instruments, including but not limited to, promissory notes; f. investment property; g. documents h. deposit accounts; i. letter of credit rights; j. general intangibles; k. supporting obligations; proceeds of products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTUOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCE IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL, PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY'S ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

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**9a. ORGANIZATION'S NAME**  
**THE LINDERIAN COMPANY, LTD.**

**9b. INDIVIDUAL'S SURNAME**

**FIRST PERSONAL NAME**

**ADDITIONAL NAME(S)/INITIAL(S)**

**SUFFIX**

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**10a. ORGANIZATION'S NAME**

OR

**10b. INDIVIDUAL'S SURNAME**

**SECHRIST**

**INDIVIDUAL'S FIRST PERSONAL NAME**

**GREGORY**

**INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)**

**LAVERNE**

**SUFFIX**

**10c. MAILING ADDRESS**

**403 SYLVIA ST**

**CITY**

**LONGVIEW**

**STATE**

**TX**

**POSTAL CODE**

**75604**

**COUNTRY**

**USA**

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

**11a. ORGANIZATION'S NAME**

OR

**11b. INDIVIDUAL'S SURNAME**

**FIRST PERSONAL NAME**

**ADDITIONAL NAME(S)/INITIAL(S)**

**SUFFIX**

**11c. MAILING ADDRESS**

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**STATE**

**POSTAL CODE**

**COUNTRY**

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